EPISIOTOMY AND SEVERE PERINEAL TEARS: A 14-YEAR RETROSPECTIVE STUDY IN PORTUGAL

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AIM

To examine time-trends in SPT rates and to evaluate the relationship between such outcome and the use of episiotomy.

METHODS

Data on 654,617 singleton non-instrumental vaginal deliveries in Portuguese public hospitals (2000-2013) were abstracted from a nationwide inpatient database provided by the Central Administration of National Health System (ACSS) (Figure 1). Multiple Poisson regression was used to estimate adjusted relative risk (RR) and respective 95% confidence interval (95% CI) for the association between SPT and the use of episiotomy.

RESULTS

Episiotomy rate decreased from 80.0% to 64.4% and SPT rates increased from 6.0 to 8.1 per 1,000 women with no episiotomy and from 1.0 to 2.5 per 1,000 women with episiotomy (Figure 2).

Episiotomy was a strong protective factor against SPT for non-instrumental delivery. However the magnitude of association decreased over time from 0.16 (95%CI:0.12–0.21) in 2000-01 to 0.31 (95%CI:0.24–0.38) in 2012-13 (Figure 3).

CONCLUSIONS

Differences in clinical practice and medical report of perineal tears over time could explain the decrease in the protective effect of episiotomy in the last years.